

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report

Name of Candidate William E. ShirleyAddress 911 CR 140, Goshal, MS 39355 County ClarkeTelephone 601-513 9428 Fax _____Office Sought House Dist. 84 Email Address WShirley@house.ms.gov
☐ Check here if above is different from previous report

January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....**Mandatory**
All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 8350.00 + \$ 1000.00	\$ 9350.00	\$ 9350.00
Total amount of disbursements	\$ 1545.76 + \$ 3476.25	\$ 5022.01	\$ 5022.01
Total amount of cash on hand		\$ 36262.56	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

William E. Shirley
Signature of Candidate

1-30-17
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee

William Shockey

Reporting period

1-1-16

through

12-31-16

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Staybridge Suites</u>	<u>6/10/16</u>	\$ <u>458.29</u>
Mailing Address		
<u>501 Tchoupitoulas St.</u>	<u>6/10/16</u>	\$ <u>458.29</u>
City, State, Zip Code		
<u>New Orleans, LA 70130</u>	<u>6/10/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>458.29</u>
<u>US Coast Guard Retirement speech</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Weidmann's</u>	<u>12/6/16</u>	\$ <u>1087.47</u>
Mailing Address		
<u>210 22nd Ave</u>	<u>12/6/16</u>	\$ <u>1087.47</u>
City, State, Zip Code		
<u>Metairie, LA 70001</u>	<u>12/6/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1087.47</u>
<u>Fundraiser meal</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
City, State, Zip Code		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee William ShirleyReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MPC</u>	<u>10/18/16</u>	\$ <u>250.00</u>
Mailing Address <u>2992 West beach Blvd</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Waters International</u>	<u>11/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. box 4199</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Meridian, MS 39304</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bruce Martin</u>	<u>11/21/16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1729</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Meridian, MS 39302</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clay Holladay</u>	<u>11/22/16</u>	\$ <u>500.00</u>
Mailing Address <u>304 Timber Ridge Rd</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Meridian, MS 39305</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee William ShirleyReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Allen Cochran</u>	<u>11/24/16</u>	\$ <u>300.00</u>
Mailing Address <u>303 E Archway Ave</u>	<u>11/24/16</u>	\$ _____
City, State, Zip Code <u>Quincy, MS 39355</u>	<u>11/24/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/24/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dudley Myles</u>	<u>11/22/16</u>	\$ <u>250.00</u>
Mailing Address <u>3816 Oak Dale Ave</u>	<u>11/22/16</u>	\$ _____
City, State, Zip Code <u>Meridian, MS 39305</u>	<u>11/22/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/22/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Loans Inc.</u>	<u>11/18/16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 983</u>	<u>11/18/16</u>	\$ _____
City, State, Zip Code <u>Meridian MS 39301</u>	<u>11/18/16</u>	\$ _____
Name of Employer (Required) _____	<u>11/18/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Blake Thomas</u>	<u>12/15/16</u>	\$ <u>500.00</u>
Mailing Address <u>188 CR 1541</u>	<u>12/15/16</u>	\$ _____
City, State, Zip Code <u>Quincy, MS 39355</u>	<u>12/15/16</u>	\$ _____
Name of Employer (Required) _____	<u>12/15/16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee William ShirleyReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DANE HURDSON</u>	<u>12</u> / <u>6</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 665</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MADISON, MS 39342</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>RICK BERRY</u>	<u>12</u> / <u>6</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>5022 5th PLACE</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian MS 39305</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WALLACE STRICKLAND</u>	<u>12</u> / <u>6</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>8219 SYCAMORE CREEK DR</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian MS 39305</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MHA PAC</u>	<u>12</u> / <u>6</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1909</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>MADISON, MS 39130</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) <u> </u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) <u> </u>	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee William ShirleyReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A7+7 PAC</u>	<u>12 / 6 / 16</u>	\$ <u>250.00</u>
Mailing Address <u>111 E. Capitol St Ste 6030</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronnie Massey</u>	<u>12 / 6 / 16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1285</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian, MS 39302</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury</u>	<u>12 / 13 / 16</u>	\$ <u>500.00</u>
Mailing Address <u>5320 Legacy Drive</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>PLANO, TX 75024</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Plains Marketing LP</u>	<u>12 / 13 / 16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 4688</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Houston, TX 77210</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee William ShurleyReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The City Firm</u>		<u>12</u> / <u>13</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 217</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Meridian Coach & Travel</u>		<u>12</u> / <u>22</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 3061</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>Meridian, MS 39303</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CE AFT PAC</u>		<u>12</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>300 N. State St.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>12</u> / <u>28</u> / <u>16</u>	\$ <u>500.00</u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee William ShirleyReporting period 1-1-16 through 12-31-16

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Life Under PAC</u>		<u>12</u> / <u>28</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>5475 Executive Pkce</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code <u>JACKSON, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____		<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____		Aggregate year-to-date	\$ <u> </u>